

A Dissertation
On
Atrophia Ab lactatoreum

By
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~~1820~~

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Atrophia Ab-lactatorum
^{or}
Weaning Brash

The diseases of infants are for the most part obscure, and require much skill and discernment on the part of the practitioner.

We can only judge of disease by its symptoms, and therefore in such patients we are debarred many of those communications, which lead to correct inferences. Notwithstanding we have many external signs which serve as usefull guides. The disease which I have chosen as the subject of my dissertation will exemplify this fact very clearly. I shall therefore without farther preliminary, commence the history of its symptoms.

Weaning brash is produced by weaning too suddenly at an improper season of the year.

It is most common in summer and autumn when the weather is still and sultry. I have an example of this fact from my own observation. During the last summer in Prince Edward Virginia, the weather was remark-

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ably salutary and many children fell a sacrifice to this disease. It generally comes on two or three days after weaning, however there is not much regularity in this respect; sometimes two or three weeks, at others six weeks will elapse before the disease commences.

The first symptom indicating the disease is a purging with griping pain, in which the discharge is of a green colour. Added to this symptom, after the disease has continued some time, there is a retching with or without vomiting; if accompanied with the latter the matter is usually coloured with bile. These distressing affections of the digestive organs create a loathing of every kind of food, and are attended with emaciation, restlessness, thirst, and fever.

After the disease has progressed some weeks, a hectic blush may be frequently observed on the cheeks, but what is regarded as the most

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characteristic symptom, is a constant feverishness, caused by the unceasing griping pain, and denoted by the whine of the child, but more especially by the silted discontent of its features. This peculiar expression of discontent is more strongly marked towards the close of the disease, when the countenance has participated in the general emaciation.

In the progress of the disease, different actions ensue in the alimentary canal, and considerable alteration in the biliary secretion; for the discharge sometimes appears of the natural colour, at other times slimy or ash coloured, and sometimes enteric.

As a consequence of debility towards the end of the disease, the extremities swell, and the child becomes exceedingly drowsy. It is said by Cheyne, that at this stage of the disease, the purging will sometimes discon-

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times for a day or two; but without any amelioration of the bad symptoms; on the contrary, the decay will be much more rapid than when the purging is most violent.

The disease seldom terminates fatally before the sixth or seventh week; and ~~in~~ in this short space of time the most healthy children will become wretchedly emaciated. Sometimes recoveries take place after a continuance of three or four months, but this favourable issue is very rare, and again, from the excessive vomiting and purging, or from convulsions produced by irritation in the bowels, death will ensue, in the second, third, or fourth week, before the disease has arrived at its acme.

The disease is most frequent in children ~~under~~ who have been weaned before the eighth or ninth month, and particularly, in consequence of weaning abruptly. Cheyne re-

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- marks, that he has most frequently observed weaning trash among those children whose appearance denoted a strumous habit. Whether this be the fact I am unable to determine, but I put perfect reliance on the observations of the author. I know a parent whose family had been afflicted with scrofula, so unfortunate, as to lose two children & successively with this disease.

It is very common among the vulgar to attribute this disease to dentition, and from a popular notion that a flux is salutary at this time, the disease is often suffered to make a baneful impression before medical assistance is solicited. It is most probable that there is no connection between the two diseases only from their occasional coincidence.

D. Cheyne remarks, that he has seen the disease, where the gums were neither

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swelled, nor inflamed, nor indurated, and where there was no appearance of inflammation about the mouth. But the strongest argument which can be adduced, is, that the disease often appears several months before the usual period of dentition. The disease has also been attributed to obstructions in the mesenteric glands, and from the circumstance that it is most prevalent among those of a scrofulous diathesis, and also from the facts afforded by dissections, the opinion was very plausible. The author, whose name I have mentioned, was at first inclined to this belief. From subsequent investigations, however, he was induced to take different views of the subject. Regarding dissections as the only sure and safe basis on which to establish pathological reasonings, he set diligently to work, and

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The result of his investigations, is that the enlarged mesenteric glands is rather the effect, than the cause of the disease.

It appeared on dissection that the alimentary canal, from the stomach downwards abounded with singular contractions, and had in its course one or more intus-susceptions, that the liver was exceedingly firm, larger than natural, and of a bright red colour, and that the gall bladder was enlarged, and contained a dark green bile. In some dissections, the mesenteric glands were swelled and inflamed, in others however, they were scarcely enlarged, and had no appearance of inflammation. It appeared also, that these intus-susceptions were entirely of a spasmodic nature, as the contained could be easily disengaged from the containing portion of the

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intestine. In no part of the entanglement was there adhesion, or even the mark of inflammation, and the contracted portion was easily and permanently dilated by the introduction of the finger.

From these morbid appearances, the author imagined that the disease resulted from an increased secretion of acrid bile, or rather from a morbid condition of the liver which gives rise to such a secretion. In what this morbid condition consists we know not, but its existence is proved by the bilious vomiting, and green evacuations by stool, in the early stage of the disease.

As the disease is observed to take place in consequence of abrupt weanings its origin and general progress admits of the following explanation. The de-

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licacy of a child's stomach, and the quality of the secretions concerned in digestion, require food of a mild nature. The mother's milk is best adapted, as experience teaches, and as nature designed. In consequence of the sudden change to a more stimulating diet, the stomach is inadequate to perform its function. The liver excited into sympathetic action, from the intimate relation existing between all the chylific viscera, secretes an unusual quantity of bile, and that of a vitiated quality. This passes into the intestines occasions the bilious vomitings, and green dejections observable in the commencement of the disease. By this means the stomach and alimentary canal are rid of the offending cause, and probably if the child were returned to its appropriate diet, the

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disease would not be confirmed. But the cause being still continued the effect becomes more permanent, and hence arise all those consequences which attend the progress of the disease. The bowels irritated by their acrid contents are thrown into spasmodic and permanent contractions; the mesenteric glands sympathizing with the alimentary canal in virtue of that consent existing throughout the digestive apparatus, become inflamed, enlarged, and obstructed; the body wastes, until at length exhausted nature finds rescue in the grave.

Having now detailed the symptoms, and pathology of the disease in a cursory manner, I must conclude by making some remarks on the treatment.

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Before Doctor Cheyne had adopted what he conceived to be the correct pathology of the disease, his treatment was merely palliative. At one time he administered opiates to check the purging; at another, anxious to have it restored. This practice he found to be eminently injurious. Supposing then that the disease was allied to dysentery, he administered ipecacuanha as an emetic, and in small doses as an antispasmodic. This latter course was not altogether unsuccessful in the early stage of the disease. In slight attacks, and always in the early stage, it might prove very beneficial to administer small doses of rhubarb at intervals of one or two days, and in the mean time to exhibit one third of a grain of ipecacuanha

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with some aromatic, every four or five hours. Should the discharge from the bowels be attended with much griping, an anodyne enema composed of mucilage of starch and five or six drops of laudanum might possibly afford relief.

The above treatment will be of little avail, unless a due attention be paid to diet. It is certainly most advisable to recur to the breast, if obtainable. This, however, is not always the case. We should therefore select such diet as is least irritating. An animal diet, is less irritating than one wholly composed of vegetables.

Eggs, arrow root, custard, the juice of lean meat, broths freed of their oily part, thin rice, or barley water mixed with a small portion of skimmed milk are the articles of diet best adapted

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-ted. All vegetables, particularly fruits
and acids are to be sedulously avoided.

It is important that we should
protect the child from colds, and
especially cold feet. Every person
must have experienced the evil con-
sequences resulting from cold feet
in bowel complaints. It is therefore
advisable to keep the feet comforta-
-ble with woollen stockings. Flannel
should be worn next the skin. To
relieve spasms fomentations and
the warm bath should be employed.

In a more advanced stage of the
disease, the remedies which I have
advised would prove abortive. It
becomes necessary that we should
resort to more effectual means.
No remedy under such circumstan-
-ces promises more than calomel.

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This medicine is particularly adapted to children, and therefore should be resorted to in preference to all others. We have very respectable authority in its favour, particularly the author whose name I have had occasion to mention. His practice proved much more efficacious after he adopted the use of calomel. It is well known that calomel exerts a powerful influence on the liver, changing its morbid condition, and stimulating it to the action of health. This effect is clearly demonstrated in the disease of which I am treating. By giving half a grain every morning and evening, it is observed in a short time that the stools undergo a material change. The discharge which was

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of a dark green, or ash colour, be-
comes of a dark mahogany colour,
and generally more offensive.
This change always affords a fa-
vourable prognosis. In a little time
the child becomes free from fever,
more placid, and in a day or two
after the appetite returns, with
the former complexion, and every
demonstration of health. When the
medicine is exhibited as above men-
tioned, it is said never to produce
salivation, or any unpleasant
effects.





